
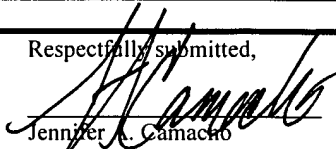


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket Number EXT-073										
	In re Application of: Detection of Non-Viral Organisms with SRP RNA											
	Application Serial No.: 09/336,609											
	Filed: June 18, 1999											
	Group Art Unit: 1655	Examiner: J. Einsmann										
TECH CENTER 1600/2900												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p> <table><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ 920</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$460.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.</p> <p><input type="checkbox"/> Return receipt postcard enclosed.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 920	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$											
<b>CORRESPONDENCE ADDRESS</b>		<b>SIGNATURE BLOCK</b>										
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		Respectfully submitted,  Jennifer A. Camacho Attorney for Applicant(s) Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110										

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